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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	47113-US
	First Named Inventor	Schlom, Jeffrey
	COMPLETE IF KNOWN	
	Application Number	09/366,670
	Filing Date	August 3, 1999
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RECOMBINANT POX VIRUS FOR IMMUNIZATION AGAINST MUC1
TUMOR-ASSOCIATED ANTIGEN**

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) August 3, 1999 as United States Application Number or PCT International

Application Number 09/366,670 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/038,253	02/24/1997	

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US98/03693	February 24, 1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

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Name	Registration Number	Name	Registration Number
David S. Resnick	34235	Georgia Caton	P44597
Ronald I. Eisenstein	30628	Dennis M. Connolly	40964
Jeffery B. Arnold	39540	Lisa A. Dolak	35491

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	David S. Resnick				
Address	101 Federal Street				
Address					
City	Boston	State	MA	ZIP	02110
Country	USA	Telephone	(617) 345-6057	Fax	(617) 345-1300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Jeffrey	Schlom

Inventor's Signature				Date	
Residence: City	Potomac	State	MD	Country	
Post Office Address	10525 Tyler Terrace				
Post Office Address					
City	Potomac	State	MD	ZIP	20854
				Country	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Judith				Kantor			
Inventor's Signature					Date		
Residence: City		Rockville	State	MD	Country		Citizenship
Post Office Address		1096 Larkspur Terrace					
Post Office Address							
City		Rockville	State	MD	ZIP	20850	Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Donald				Kufe			
Inventor's Signature		D. W. Kufe			11/9/99		Date
Residence: City		Wellesley	State	MA	Country		Citizenship
Post Office Address		179 Grove Street					
Post Office Address							
City		Wellesley	State	MA	ZIP	02181	Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis				Panicali			
Inventor's Signature					Date		
Residence: City		Acton	State	MA	Country		Citizenship
Post Office Address		114 Nonset Path					
Post Office Address							
City		Acton	State	MA	ZIP	02170	Country

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Judith				Kantor			
Inventor's Signature						Date	
Residence: City		Rockville		State MD		Country	
						Citizenship USA	
Post Office Address		1096 Larkspur Terrace					
Post Office Address							
City		Rockville		State MD		ZIP 20850	
						Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Donald				Kufe			
Inventor's Signature						Date	
Residence: City		Wellesley		State MA		Country	
						Citizenship USA	
Post Office Address		179 Grove Street					
Post Office Address							
City		Wellesley		State MA		ZIP 02181	
						Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis				Panicali			
Inventor's Signature						Date 9-27-97	
Residence: City		Acton		State MA		Country	
						Citizenship USA	
Post Office Address		114 Nonset Path					
Post Office Address							
City		Acton		State MA		ZIP 02170	
						Country	

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PCT/US98/03693	February 24, 1998	

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OR

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Name	Registration Number	Name	Registration Number
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Ronald I. Eisenstein	30628	Dennis M. Connolly	40964
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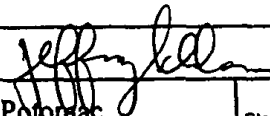
OR ☒ Correspondence address below

Name	David S. Resnick				
Address	101 Federal Street				
Address					
City	Boston	State	MA	ZIP	02110
Country	USA	Telephone	(617) 345-6057	Fax	(617) 345-1300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname			
Jeffrey		Schlom			
Inventor's Signature			Date	12/7/99	
Residence: City	Potomac	State	MD	Country	USA
Post Office Address	10525 Tyler Terrace				
Post Office Address					
City	Potomac	State	MD	ZIP	20854
				Country	

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Given Name (first and middle (if any))		Family Name or Surname	
Judith		Kantor	
Inventor's Signature	<i>Judith Kantor</i>		Date <i>12/7/99</i>
Residence: City	Rockville	State	MD
		Country	
Citizenship	USA		
Post Office Address	1096 Larkspur Terrace		
Post Office Address			
City	Rockville	State	MD
		ZIP	20850
		Country	
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Inventor's Signature			Date
Residence: City	Wellesley	State	MA
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Inventor's Signature			Date
Residence: City	Acton	State	MA
		Country	
Citizenship	USA		
Post Office Address	114 Nonset Path		
Post Office Address			
City	Acton	State	MA
		ZIP	02170
		Country	

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Linda				Gritz			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
						USA	
Post Office Address		3 Emerson Street					
Post Office Address							
City		Somerville		State		ZIP	
						Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
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Post Office Address							
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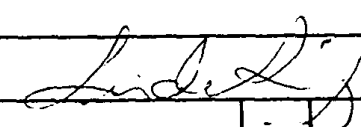
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Linda				Gritz			
Inventor's Signature				Date		9/27/99	
Residence: City		State		Country		Citizenship	
						USA	
Post Office Address		3 Emerson Street					
Post Office Address							
City		Somerville		State		ZIP	
						Country	
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Post Office Address							
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